

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

09 943939  
Application or Docket Number

M-11959 US

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 48            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 48 minus 20 = | 28                       |
| INDEPENDENT CLAIMS               | 9 minus 3 =   | 6                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**1-6 04 CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | 43    | Minus                                       | 48               |
| Independent                                    | 9   | Minus | 9   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

**SMALL ENTITY  
TYPE**  **OTHER THAN  
OR SMALL ENTITY**

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | FEE    | RATE         | FEE    |
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9=    |        | X\$18=       | 504    |
| X40=      |        | X80=         | 480    |
| +135=     |        | +270=        | -      |
| TOTAL     |        | TOTAL        | 1694   |

**OTHER THAN  
SMALL ENTITY OR SMALL ENTITY**

|                    |                        |                    |                        |
|--------------------|------------------------|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=             |                        | X\$18=             |                        |
| X40=               |                        | X80=               |                        |
| +135=              |                        | +270=              |                        |
| TOTAL<br>ADDT. FEE |                        | TOTAL<br>ADDT. FEE |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     |       | Minus                                       | **               |
| Independent                                    |   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

|                    |                        |                    |                        |
|--------------------|------------------------|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=             |                        | X\$18=             |                        |
| X40=               |                        | X80=               |                        |
| +135=              |                        | +270=              |                        |
| TOTAL<br>ADDT. FEE |                        | TOTAL<br>ADDT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     |       | Minus                                       | **               |
| Independent                                    |   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

|                    |                        |                    |                        |
|--------------------|------------------------|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=             |                        | X\$18=             | /                      |
| X40=               |                        | X80=               |                        |
| +135=              |                        | +270=              |                        |
| TOTAL<br>ADDT. FEE |                        | TOTAL<br>ADDT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.